

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579284

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11			1			
12				1		
13					1	
14						1
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TOTAL IND.			1	1		
TOTAL DEP.	10	←	8	←	←	
TOTAL CLAIMS	11	██████████	9	██████████		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓		↓
TOTAL CLAIMS	11	██████████	9	██████████		